

CHILDREN'S PROGRAM DIVISION
County of Loudoun (LCPRCS)
Department of Parks, Recreation and Community Services



PARTICIPANT INFORMATION

REGISTRATION FORM

Child's Last Name	Child's First Name	Child's Nickname	Sex	Age	Birthdate
Child's Full Address (Street, City, State, Zip Code)				Home Phone	
Child's School		Grade	Primary E-Mail Address:		

MEDICAL/INSURANCE INFORMATION

Child's Physician	Physician's Phone	Does your child have allergies? YES NO If yes, complete the Health & Skills Form .
Insurance Company Name/Address	Insurance Policy Number	Insurance Group Number
Is your child under a physician's care/treatment or taking medications on a regular basis? YES NO List medication(s) that will need to be administered during program hours and Medication Authorization Form required.		
Please explain (prescription name, prescribing physician, side effects):		
Does your child have identified medical, personal care or special need(s) (developmental, physical, emotional, or learning)? YES NO If yes, please complete the Health & Skills Form .		

PARENT/GUARDIAN INFORMATION

Primary Guardian's Name	DL #	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (Street, City, State, Zip Code)				
Place of Employment	E-mail Address		Do you have legal custody of child? YES NO	
Secondary Guardian's Name	DL #	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (if different-Street, City, State, Zip Code)				
Place of Employment	E-mail Address		Do you have legal custody of child? YES NO	
Person/Agency With Legal Custody if Different from Above	DL #	Home Phone	Work Phone	Cell Phone/Pager:
Home Full Address (Street, City, State, Zip Code)				Place of Employment

EMERGENCY INFORMATION (3 adults other than parent/guardian, 2 within 30 miles of the site, authorized to pick up child.)

1. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				
2. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				
3. Name	Relationship	Work Phone	Home Phone	Cell/Pager
Home Full Address (Street, City, State, Zip Code)				

The Following person is NOT Authorized to Pick Up Participant*: (Please provide name and relationship)

***Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is not allowed to pick up the child.**

"If you require a reasonable accommodation for any type of disability in order to participate in LCPRCS/CPD, please contact Dan Bureau 703-777-0398/TTY-711. Three business days advance notice is requested."

My signature confirms that the above information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep contact and emergency information current.

Signature of Parent or Guardian _____ Date _____

FOR LCPRCS Use Only:

Proof of Age and Identity _____

Form Type _____ Place of Birth _____ Certificate # _____ Date Issued _____

VA Commonwealth School Entrance Health Form (3 pages) _____ (date received) (K or 5th Grade due by 8/15 for CASA Sept.)

Children's Program Division

(✓) the program registering for:

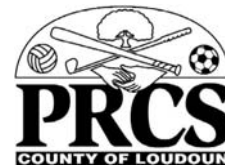
☐ Camp DAZE ☐ Camp FEST
☐ CASA ☐ Before School
☐ Adaptive Rec Camp

Camp Sessions: (circle) 1 2 3 4 5 6 7 8

Camp Shirt: CHILD S M L XL
ADULT S M L XL XXL

ADDENDUM FORM

Program Year: _____



Child: _____

Program Location/Site: _____

Parent/Guardian: _____

Enrollment Date _____ Start Date _____ End Date _____

EMERGENCY MEDICAL RELEASE (Please Initial)

____ In the event of injury/serious illness, I give permission for Loudoun County Parks, Recreation & Community Services (LCPRCS) staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility, that decision will be made by the emergency team responding to the call.

____ In the event of injury or serious illness, I do not give permission for LCPRCS staff to obtain medical treatment for my child. Instead, I instruct LCPRCS staff to _____.

PHOTOGRAPHIC RELEASE By signing below, I give permission to LCPRCS to use photographs and videos of my child for publicity in order to increase community awareness of LCPRCS programs and in any and all publications and other media without limitation.

FIELD TRIP/SWIMMING RELEASE By signing below, I give permission for my child to participate in the program's field trips. I understand I will be notified of dates, destinations, times, and pick-up locations of trips. I understand there may be an additional charge for Camp field trips. Child's swimming level: _____ Beginner (Only in shallow levels, not past shoulders) _____ Average (Mid section of pool, over head) _____ Advanced (All areas). Comment: _____

LIABILITY RELEASE By signing below I absolve the County of Loudoun of any responsibility for any accident or injury to my child or caused by my child to others where neglect is not involved. Furthermore, I understand that LCPRCS can only be responsible for my child during days and times that he/she has been checked in and that LCPRCS will not be responsible for my child when he/she is traveling to and from any LCPRCS activity via transportation not provided by Loudoun County.

PROPERTY DAMAGE _____ I understand I may be financially responsible for property damage caused by my child during the program.

USE OF PROTECTIVE SUBSTANCES _____ I agree to follow program guidelines set by LCPRCS for staff to assist my child with his/her sunscreen each day. My child _____ Does NOT need assistance _____ Needs assistance with VERBAL prompting only _____ Needs assistance applying sunscreen. Please apply sunscreen on your child every morning of CAMP. Bring your child's sunscreen and/or diaper rash cream labeled with their name, on the first day. It will be sent home with your child at the end of the program.

Comment: _____

PARENT HANDBOOK (Please Initial) _____ I understand that I am responsible for accessing the Parent Handbook(s) online at www.loudoun.gov/childrensprogram

REGISTRATION AGREEMENT (Please sign below)

1. The *Before School* program is closed when school is delayed; The *CASA* program is closed when school is closed or closes early.
2. **Children's Programs Division's (CPD)** programs are staffed at a maximum ratio of 1:18.
3. I understand swimming/field trips may be part of program activities and I will be notified in advance of dates, destinations, times, and pick-up locations. Movies may be included, but limited to G and PG.
4. You must notify the program within 24 hours, if anyone in the household has a Communicable Disease. Prior to returning to any CPD program, parents must provide a physicians' certification that the condition is no longer contagious.
5. I am aware that *CASA/CAMP'S Shelter In Place* and *Emergency Preparedness Plan* are available at each site.
6. LCPRCS does not permit the use of tobacco products, alcohol, drugs, or fireworks.
7. The use or threat of use of weapons is prohibited. Theft, shoplifting, any violent behavior, or destruction of property may result in immediate dismissal from the program and no refund of program fees. Parents will be expected to provide immediate transportation from the program in the event of dismissal.
8. Activity fees are collected prior to the start of the activity. Cancellations/Refunds Policy: refer to the program's Parent Handbook.
9. I understand there are no refunds for missed days due to changed work/vacation schedule, sick days or other non-emergency reasons.
10. *CASA/Before School* activity fees are due by the **1st of the preceding month** - payments received after the 1st, will be assessed a \$25/per child/program late fee. Late fees are due with the next month activity fee or within two weeks of the end of the program. If the activity fee is not received by the 10th, the child may be dropped from the program and may not attend the next month.
Exception: *CASA/Before School* AUG/SEPT fee must be received by Aug 1st, or you may lose the space.
11. *CAMP* payments not received by the due date results in loss of space in the program.
12. If a child is withdrawn/dropped, they may re-register, if space is available, by paying applicable reg/activity fees per child/program.
13. Children must be picked up by closing time. Parents will be assessed a late pick-up fee of \$15/per child beginning every 15 minute interval. Late pick-up fees are due immediately @ any LCPRCS facility or through WebTrac.
14. *CPD* outstanding balances will restrict registration/attendance at LCPRCS activities.
15. I understand that parents and children are to abide by the contents of the Parent Handbook. Any child may be removed from the program if the rules/regulations/guidelines in the Parent Handbook are not adhered to, either by the child or parent/guardian.

"If you require a reasonable accommodation for any type of disability in order to participate in LCPRCS/CPD, please contact Dan Bureau 703-777-0398/TTY711. Three business days advance notice is requested."

My signature confirms that the above information and the registration form information is accurate; that the guidelines and procedures of the program(s) my child is registered for will be adhered to; and I understand it is my responsibility to keep contact and emergency information current. (Print child's name) _____ (revised 2/14)

____ I certify _____ I do not certify that my child _____ is legally present in the United States.

Signature of Parent or Guardian _____ Date _____